technical, financial and administrative support. It will also undertake training, evaluation and monitoring for proper utilisation of funds by the NGOs.

(c) As a result of increasing demand from the voluntary agencies and NGOs, the question of setting up anindependent organisation outside the Go vernment is being pursued.

Its expenditure on establishment will not be high but very limited. The existing voluntary organisations are being used as mother units wherever possible but they have a limited reach. There is at present no organisation dealing with Family Welfare which has an all India coverage.

Qualifications for appointment of Food Inspectors

356'. SHRI GHUFRAN AZAM : Will the Minister of Health and Family Welfare be pleased to refer to the answer to Unstarred Question 542 given in the Rajya Sabha on the 27th November, 1991 and state :

(a) whether it is a fact that CCFS from time to time has recommended other technical qualifications also for the appointment of Food Inspectors which are equally important to curb the social evil of food adulteration ;

(b) whether the recommendations as at (v) above from different educational fields is due to that the technocrates from each such different technical educational fields may use their individual technical skills in coordination with each other to curb tie social evil of food adulteration ; and

(c) if so, whether it is not neces sary to attract and retain technocrates from each of such different technical educational fields as Food Inspectors in the interest of Public Healih ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI-MATi D. K. THARA DEVI SIDDHARTHA) : (a) Yes, Sir.

(b) and (c) Persons possessing any of the qualifications prescribed under Prevention of Food Adulteration Rules, 1955 may be appointed as Food Insp3ctors.

Blindness by cataract

3566. SHRI SURESH PACHOURI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that millions of people in the country are blinded by cataract ;

(b) whether Government have conducted any survey in this regard ;

(c) if so, he number of people are there in the country at present who are blinded by cataract ;

(d) whether Government are aware that most such people can regain vision by cataract surgery ; and

(e) if so, what action Government propose to take in this regard ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) and (b) Yes, Sir.

(c) As per WHO-NPCB (National Programme for Control of Blindness) Sarvey 1986-89, there are 18.4656 million cataract blinded cases in the country as per 1981 census.

(d) Yes, Sir.

(e) (1) The Government of India launched a National Programme for Control of Blindness in the year 1976 which is an ongoing programme in which eye care services are being developed in the peripheral sector

(Primary Health Centre) Intermediate Sector (District Hospitals and District Mobile Units) and Central (Sector (Medical Colleges, Regional Institute of Ophthalmology etc.). The *eye camps approach' ha? been adopted through Mobile Units. These Mobile Units organise eye camps in peripheral areas for doing cataract operations.

(2) At intermediate level, District Hospitals have beer upgraded. Ophhalmic Surgeons ant Oph'halnrc assistants have been provided with Ophthalmic equipment to perform cataract surgery.

(3) At Central Sector level, Government of India has so far upgraded the Department of Ophthalmology of 60 Medical Colleges and 10 Regional Institutes of Ophthalmology in the country. They are also performing cataract surgery apart from other activities.

(4) Vountrary Oraganisations also organise camps for cataract operations. Government of India is giving Financal assistance @ Rs. 120/- per cataract operation when the Voluntary Organisations are not using Government Mobile Units and Rs. 88/- per cataract operation is given to those using Government Mobile Units.

(5) Further development and strengthening of Community Health Centres and small eye Hospitals in the mofussil area as well as sub-divisional areas (Taluk area) is planned in a phased manner.

Staff posted in CGHS Dispensaries

3567. SHRI MOHINDER SINGH LATHER : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what are the Dispensary-wise/ Unit-wise details of the sanctioned strength of Medical and para-Medical Staffposted in the C.G.H.S. Homoeo-patnic System of Medicine in Delhi and out side Delhi ;

(b) whether it is a fact that the post of Homoeopathic Pharmacists were sanctioned for Darya Ganj and Timarpur Homoeopath'c Unit by the Government on the request of the beneficiaries ;

(c) if so, the reasons for not comidraing to fill up the vacant posts till date ; and

(d) whether Government are considering to sanction the posts of Homoeopathic Pharmacists in the C.G.H.S. Homoeopathic Unit Kasiurba Nagar, Sector-HI, R.K. Param Units including in all Units of Delhi on the pattern of SOUTH AVENUE in the future as requested by the local beneficiaries and Residents Welfare Associations of the various Government colonies ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI S1DDHARTHA) : (a) The sanctioned strength of the CGHS Homoeopathic Dispensary in Delhi and outside Delhi as recommended by the SIU is given in the statement. *(See* below). The sanctioned strength of CGHS Ayurvedic and Homoeopathic units as recommended by the SIU is as given below :

1. Medical Officer . .	2
2. Pharmacist. . .	1
3. Group'D'employees . .	1

(b) No, Sir.

(c) In view of (b) above, the question does not arise.

(d) Due to financial constraints, there is no such proposal under consideration of the Government at present.